Comparison of Cook and Anaconda FEVARs: are there advantages or disadvantages to each graft system: from the GLOBALSTAR registry

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Conflict of interest

• No financial arrangements with Cook Medical or Vascutek
• Imperial Vascular Unit uses both devices
• President of BSET

GLOBALSTAR

Cardiovascular Surgery

Early Results of Fenestrated Endovascular Repair of Juxtarenal Aortic Aneurysms in the United Kingdom

On behalf of the Royal Society for Endovascular Therapy and the Global Collaborators on Advanced Vascular Techniques for Anomalous Repair (GLOBALSTAR Registry)

Background—Fenestrated endografts are used to treat juxtarenal aortic aneurysms, an alternative to open repair for patients who are not suitable for conventional treatment. To provide consolidations for this procedure, a multi-centre, observational registry built from data submitted to the Global Collbrators on Advanced Vascular Techniques for Anomalous Repair (GLOBALSTAR Registry) was initiated.

Methods: 318 patients were treated between January 2007 and December 2010. 14 UK centres reported on 318 procedures: 99.4% of target vessels were stented and 4.1% of patients died peri-operatively. Identified complications included 11 deaths (non aortic) during follow-up (FU).

Outcomes: 318 implants
• 99.4% target vessels stented
• 4.1% peri-operative mortality
• 11 deaths (non aortic) during FU

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Durability

- Recognition of durability importance
- Extension of the proximal seal zone
- Trend towards 4 vessel fenestrations

- 2 FEVAR devices available in the UK:
  - Cook Zenith platform
  - Vascutek Anaconda

GLOBALSTAR update – currently uploading data
**Cook Zenith**

- First fully repositionable stent graft system.
- Enables the alignment of the fenestrations with corresponding target vessels.
- Ensures accurate deployment at the intended landing zone.

**Advantages/Disadvantages**

**Advantages - Cook**
- Zenith platform well established
- Completed from femoral access
- Ability to extend proximally with TEVAR

**Disadvantages - Cook**
- Stented fenestrated section can limit placement of fenestrations
- Some limitations in very angulated segments
- Unable to use brachial/axillary access for steeply down ward facing target vessels

**Vascutek Anaconda**

- Repositionable graft body
- Constraining graft assists cannulation

- Fenestrations of any size in any position
- 3D printed anatomical model and prototype stent graft can be provided with every case.
- Allows confirmation of the approach and procedural plan

**Advantages/Disadvantages**
Advantages/Disadvantages

**Advantages - Anaconda**
- Flexibility of unstented fenestrated segment allows placement of multiple fenestrations
- 3D printed model and prototype stent allows trial deployment in difficult cases
- Ability to stent fenestrations from above or below

**Disadvantages - Anaconda**
- Anaconda platform less familiar to many
- Limited to supra-renal segment
- Sealing method less conventional

Conclusion

- Need to establish real world outcomes and durability of fenestrated grafts
- Consecutive cases from established centres recorded in an independent registry under control of BSET avoids some of the disadvantages of single centre/device reports
- Including both manufacturers should allow the majority of all devices implanted in the UK in the last 8 years to be assessed